

PLEASE COMPLETE ALL BOXES BELOW

Intake Form and Service Option Form

Please complete this form using the Adobe Acrobat [online fill and sign tools](#) if you are on a Windows computer, and if you are on a Mac computer, you can complete it using Preview.

Full Name (First, Middle Initial, Last):			
Former Name / Maiden Name (if applicable):			
Date of Birth (DD / MM / YYYY):		Current Age (in years):	
Gender:	Assigned at birth:	Male	Female
		Identify as:	
Street Address (number, street name, apt #):			
Mailing Address (if different than above):			
City:		Province:	
Country:		Postal Code:	
Occupation:			
Phone: xxx - xxx - xxxx	extension:		
Email (other than shaw.ca):			
Emergency Contact Name:		Emergency Phone: xxx - xxx - xxxx	
MD's Name (clinic, if none):		MD / Clinic Phone: xxx - xxx - xxxx	
MD Diagnosis (list all)			
MD Recommendations:			
How did you hear about us (select):			
Please enter details (name of friend, doctor, website, etc.) required			
Have you been diagnosed with any mental health conditions?		If yes, specify:	
Kind of nutrition support you have had:			
Previous diets followed (if any):			
Date of Last Blood Tests:	Abnormal Results:		Yes No
Current Blood Pressure:	Date of Blood Pressure:		
Please send this completed Intake and Service Option Form along with a downloaded pdf (Adobe) report of your most recent complete blood test results to info@bbdnutrition.com (required for all services, including Initial Hourly Consultations).			
Do you have extended benefits <small>(required):</small>	Yes	Extended Benefits provider <small>(required):</small>	
	No	Extended benefit limits for visits to a Registered Dietitian <small>(required):</small> \$ / year	

PLEASE COMPLETE ALL BOXES BELOW:

In one sentence, please **describe your goals and expectations** with respect to the specific service you are choosing.

Please list **all physical and mental health conditions** in your immediate family (**both parents, 4 grandparents, any siblings**):

Please list **all physical and/or mental health conditions** that you have been diagnosed with (e.g. type 2 diabetes, high cholesterol, depression, etc.) and the date of diagnosis of each condition.

Please list all **physician-diagnosed allergies** (i.e. by an **MD**) that you have (foods, drugs, environmental):

Please list **any food intolerances you have** (foods that make you feel unwell):

Please list all **medications** that you take and their dosages and all **nutritional supplements** that you take and their dosages:

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Prices are in **Canadian dollars (CDN)**.
GST (5%) will be added.

ROUTINE SERVICES:

1. HOURLY SERVICES:

Initial Hourly Consultation: this is a <u>non-clinical consultation</u> designed to meet together to discuss your needs, share details of health background, and to see if we are a 'good fit'.	\$150 / hr
Clinical Hourly Services: (for existing clients) Clinical services on an hourly basis, including additional follow-up visits.	\$150 / hr
Specialty Hourly Services (for existing clients); topics include improving symptoms of GERD (acid reflux), gout, hiatus hernia, kidney stones, migraines, constipation, hemorrhoids, and improving iron status from food. Please specify specific topic requested:	\$150 / hr

2. COMPREHENSIVE DIETARY PACKAGE:

The Comprehensive Dietary Package is priced to fit within most extended benefits plans and intended for healthy individuals, or those with routine clinical conditions (e.g. type 2 diabetes, high blood pressure, high cholesterol). The package is broken down into four separate, dated components of an hour each to make reimbursement easy. The four components are: In-depth clinical assessment: review of personal and family medical history, recent lab results, current medications and nutritional supplements, and a comprehensive dietary and lifestyle review. (\$150) Design of Individual Meal Plan based on information collected in the clinical assessment. Turnaround time until the Meal Plan is designed is ~2 weeks from completion of clinical assessment and receipt of any additional labs, information. (\$120) Nutrition Education Session: customization of a detailed, multi-page nutrition education handout to make getting started easy (10 minutes) plus teaching about risk factors, including weight and waist circumference, recommendations related to recent lab test results, dietary and lifestyle recommendations, and step-by-step teaching of the Individual Meal Plan including serving sizes, number of portions, and how to make substitutions (50 minute). (\$120) Two follow-up sessions for coaching: option to combine both sessions into one visit for review of progress, and Meal Plan adjustments. (\$120) All appointments in the package must be completed within 3 months of the first appointment.	\$510 / pkg
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COMPLEX CLINICAL (for non-routine cases) requiring an additional hour for assessment and/or Meal Plan design. +\$100

PEDIATRIC for additional calculations for ht/age, wt/age, BMI/age, growth projection (age 6- 19) + \$50

ADD-ON OPTIONS:

Improve iron status from food -2 separate teachings +\$100

Add-on nutrition education (GERD/acid reflux, gout, kidney stones, migraines, constipation, hemorrhoids...). + \$100 ea.

Please specify specific topic requested:

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3. PRENATAL DIETARY PACKAGE:

The **Prenatal Dietary Package** is intended for individuals in their first trimester of pregnancy and provides 3 versions of the Individual Meal Plan; one for each trimester. The package is broken down into three separate, dated components of an hour each to make reimbursement easy. The three services are;

\$420 / pkg

1. **In-depth clinical assessment:** review of personal and family medical history, recent lab results, current nutritional supplements and medications, weight goals, and a comprehensive dietary and lifestyle review. (\$150)
2. **Design of 3 versions of the Individual Meal Plan:** three versions of the Individual Meal Plan based on information collected in the clinical assessment, as well as the preparation of a detailed, multi-page nutrition education handout to make getting started easy. Turnaround time until the Meal Plan is designed is ~2 weeks from the completion of the clinical assessment. (\$150)
3. **Nutrition Education Session:** recommendations based on recent lab test results, dietary and lifestyle recommendations including weight gain goals, step-by-step teaching of the 3 versions of the Individual Meal Plan including serving sizes, number of portions, and how to make substitutions. (\$120)

All appointments in the package must be completed within 3 months of the first appointment.

ADD-ON OPTION:

Improve iron status from food -2 separate teachings +\$100

4. HEALTHY AGING PACKAGE:

The **Healthy Aging Package** is designed to help healthy older adults stay that way, including maintaining both muscle and bone mass by ensuring adequate dietary intake of nutrients of importance as well as a supporting lifestyle. The package is broken down into four separate, dated components of an hour each to make reimbursement easy.

\$510 / pkg

1. **In-depth clinical assessment:** review of personal and family medical history, recent lab results, current medications and nutritional supplements and a comprehensive dietary and lifestyle review. (\$150)
2. **Design of an Individual Meal Plan** based on information collected in the clinical assessment and focused on retaining bone and muscle mass. Turnaround time until the Meal Plan is designed is ~2 weeks from the completion of the clinical assessment and receipt of any additional labs or other requested information. (\$120)
3. **Nutrition Education Session:** customization of a detailed, multi-page nutrition education handout to make getting started easy (10 minutes) and review of weight / waist circumference, recommendations related to recent lab test results, dietary and lifestyle recommendations, as well as teaching of the Individual Meal Plan including serving sizes, number of portions, and how to make substitutions with a focus on foods and timing of foods to help retaining muscle and bone mass (50 minutes). (\$120)
4. **Two follow-up sessions for coaching:** option to combine both sessions into one visit for review of progress, and Meal Plan adjustments. (\$120)

All appointments in the package must be completed within 3 months of the first appointment.

5. Menopause Management Package:

The **Menopause Management Package** is specifically designed for 'women of a certain age' who are struggling with the symptoms of peri-menopause, or menopause. This package addresses weight gain, fat accumulation around the mid-section, insulin resistance and/or prediabetes, as well as other symptoms and is broken down into four separate, dated components of an hour each to make reimbursement easy.

\$510/ pkg

1. **In-depth clinical assessment:** review of personal and family medical history, recent lab results, current medications and nutritional supplements, and a comprehensive dietary and lifestyle review. (\$150)
2. **Design of Individual Meal Plan:** based on information collected in the clinical assessment. Turnaround time until the Meal Plan is designed is ~2 weeks from the completion of the clinical assessment. (\$120)
3. **Nutrition Education Session:** customization of a detailed, multi-page nutrition education handout to make getting started easy (10 minutes), teaching related to weight and waist circumference goals, improving sleep, recommendations based on recent lab test results, dietary and lifestyle recommendations, step-by-step teaching of the individual Meal Plan including serving sizes, number of portions, and how to make substitutions (50 minutes). (\$120)
4. **Two follow-up sessions for coaching:** option to combine both sessions into one visit for review of progress, and Meal Plan adjustments. (\$120)

All appointments in the package must be completed within 3 months of the first appointment.

6. Polycystic Ovarian Syndrome (PCOS) Package:

The **Polycystic Ovarian Syndrome (PCOS) Package** is designed for women who want to reduce symptoms associated with PCOS including insulin resistance, and weight gain. The package is broken down into four separate, dated components of an hour each to make reimbursement easy.

\$510 / pkg

% **In-depth clinical assessment:** review of personal and family medical history, recent lab results, current medications and nutritional supplements, and a comprehensive dietary and lifestyle review. (\$150)

& **Design of Individual Meal Plan** based on information collected in the clinical assessment and designed to address specific PCOS-related goals. Turnaround time until the Meal Plan is designed is ~2 weeks from the completion of the clinical assessment. (\$120)

' **Nutrition Education Session.** customization of a detailed, multi-page nutrition education handout to make getting started easy (10 minutes), teaching related lowering insulin resistance, weight and waist circumference, relevance of recent lab test results, dietary and lifestyle recommendations, and step-by-step teaching of the Individual Meal Plan including serving sizes, number of portions, and how to make substitutions (50 minutes). (\$120)

(" **Two follow-up sessions for coaching:** option to combine both sessions into one visit for review of progress, and Meal Plan adjustments. (\$120)

All appointments in the package must be completed within 3 months of the first appointment.

7. Hypothyroid Management Package:

The **Hypothyroid Management Package** is intended for those newly diagnosed with hypothyroidism or Hashimoto's disease who want to normalize their weight as well and optimized nutrition related to nutrients of importance in hypothyroidism. The package is broken down into four separate, dated components of an hour each to make reimbursement easy.

\$510 / pkg

1. **In-depth clinical assessment:** review of personal and family medical history, recent lab results, current medications and nutritional supplements, and a comprehensive dietary and lifestyle review. (\$150)

2. **Design of an Individual Meal Plan:** based on information collected in the clinical assessment with a focus on dietary intake of foods high in nutrients of importance in hypothyroid. Turnaround time until the Meal Plan is designed is ~2 weeks from the completion of the clinical assessment. (\$120)

3. **Nutrition Education Session:** customization of a detailed, multi-page nutrition education handout to make getting started easy (10 minutes), review of weight / waist circumference, recommendations based on recent lab test results, risk of other autoimmune conditions, dietary and lifestyle recommendations, and teaching of the Individual Meal Plan including serving sizes, number of portions, and how to make substitutions (50 minutes). (\$120)

4. **Nutrients and Foods of Importance in Hypothyroidism:** includes types and timing of different supplements relative to thyroid medication, as well as nutrient-medication interactions, and nutrient-nutrient interactions. (\$120)

All appointments in the package must be completed within 3 months of the first appointment.

FOLLOW-UP PACKAGE:

Dietary Management Package:

The **Dietary Management Package** is a follow-up package for those who have completed the Comprehensive Dietary Package, Menopause Management Package, or PCOS Package and who would like additional support or 'coaching'. Appointments can be taken as 6 x half-hour sessions or as 3 x one hour-sessions – or a combination of both for a total of 3 hours of service. Begins with a review of updated lab test results, change in weight, waist circumference, and dietary intake (\$50)

\$450 / pkg

All appointments in this follow up package must be completed within 6 months of the first appointment.

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Prices are in **Canadian dollars (CDN)**.
GST (5%) will be added.

II - DIGESTIVE HEALTH SERVICES:

1. Irritable Bowel Syndrome (IBS) Package:

The **Irritable Bowel Syndrome (IBS) Package** is designed for individuals who have had celiac disease and Inflammatory Bowel Disease (IBD) ruled out and who have been told by their doctor that they have IBS. Since the causes of IBS symptoms vary between individuals, this package is designed to determine which foods or food components are contributing to the individual's specific symptoms. Unlike a Low FODMAP Diet, the IBS Package enables people to only eliminate foods or food components that result in symptoms. The package is broken down into four separate, dated components of an hour each.

\$510/ pkg

- 1. Introduction to the TFTS Journal:** an introduction how to collect information using the Time Food Time Symptom Journal, customization of the journal for individual IBS symptoms, verification after 3 days data that the information is being collected correctly. (\$150)
- 2. First Visit in IBS Package:** review of the first three weeks of data from the Time Food Time Symptom Journal, recommendation of foods or beverages to limit or avoid and why, instructions for collecting the next 2-weeks worth of Time Food Time Symptom Journal data. (\$120)
- 3. Second Visit in IBS Package:** review of the second two weeks of data from the Time Food Time Symptom Journal, recommendation of additional foods or beverages to limit or avoid and why. (\$120)
- 4. Third Visit in IBS Package:** review of the last set of data from the Time Food Time Symptom Journal, recommendation of additional foods or beverages to limit or avoid and why, plus dietary and lifestyle changes that may help minimized IBS symptoms.(\$120)

All appointments in the package must be completed within 3 months of the first appointment.

OPTIONAL: Functional Dyspepsia ("Nervous Stomach") and the Vagus Nerve +\$100

2. Low FODMAP Diet Package

The **Low FODMAP Diet Package** is designed for individuals who have had celiac disease and Inflammatory Bowel Disease (IBD) ruled out and who have been told by their doctor that they have IBS and to follow a Low-FODMAP Diet. The low-FODMAP Diet Package implements the diet in a very systematic and sequential way so that individuals are able to determine which FODMAP foods contribute to their symptoms and which do not. The package is broken down into four separate, dated components of an hour each

\$510/ pkg

- 1. Overview of a 3-Stage Low FODMAP Diet:** an introduction to using a three-stage approach to a Low-FODMAP diet, and the benefits. (\$150)
- 2. Teaching the Initial Stage:** teaching the low FODMAP foods to avoid as well as foods that can be eaten in each of the following categories: animal protein foods, dairy products, unlimited vegetables, one-serving-per-meal vegetables, fruit, grains & starches & bread & cereals, legumes, nuts and seeds, sweeteners, beverages and condiments. (\$120)
- 3. Teaching the Intermediate Stage:** instructions on how and when to gradually introduce foods that contain some FODMAPS, and in what amounts in each of the categories. (\$120)
- 4. Teaching the Liberalization Stage plus Low FODMAP and Beyond Nutrition Education Teaching:** final stage of introducing FODMAP foods that do not result in symptoms, as well as non-FODMAP foods to watch out for that may result in symptoms. (\$120)

All appointments in the package must be completed within 3 months of the first appointment.

II - DIGESTIVE HEALTH SERVICES (cont'd):

3. Inflammatory Bowel Disease (IBD) Package

\$510/ pkg

The **Inflammatory Bowel Disease (IBD) Package** is designed for those newly diagnosed with Ulcerative Colitis (UC) or Crohn's Disease and focuses on reducing symptoms as quickly as possible, and reintroducing foods in a way that minimizes recurrence of symptoms. The package is broken down into four separate, dated components of an hour each.

1. Introduction to Inflammatory Bowel Disease: Overview of Crohn's disease or ulcerative colitis (UC), types of food components to limit and why, how to implement a Low Residue Diet over the 3 weeks. (\$150)

2. Introduction to the Initial Stage of the Low FODMAP Diet: foods to avoid as well as foods that can be eaten in each of the following categories: animal protein foods, dairy products, unlimited vegetables, one-serving-per-meal vegetables, fruit, grains & starches & bread & cereals, legumes, nuts and seeds, sweeteners, beverages and condiments. Instruction on how to continue to follow the Low Residue Diet while beginning the Initial Stage of the Low FODMAP Diet (\$120)

3. Introduction of the Intermediate Stage of a Low FODMAP Diet: instructions on how and when to gradually introduce foods that contain some FODMAPS, and in what amounts in each of the categories, while gradually modifying the amount of fiber in the Low Residue Diet (\$120)

4. Teaching on the Liberalization Stage of the Low Residue Diet and Low FODMAP and Beyond Nutrition Education Teaching: final stage of introducing FODMAP foods that do not result in symptoms, as well as non-FODMAP foods to watch out for that may result in symptoms. (\$120)

All appointments in the package must be completed within 3 months of the first appointment.

4. Celiac Disease Management Package:

\$450 / pkg
(tax exempt)

The **Celiac Disease Management Package** provides detailed teaching for those *newly diagnosed with celiac disease* (IgA-mediated gluten intolerance) to learn which foods are safe to eat and how to eat to minimize accidental contact with gluten or gluten-containing products at home and away from home.

This package is also suitable for those who were *previously diagnosed with celiac disease* but who never took formal teaching and/or are still symptomatic. In this case, more time will be spent on sections of the teaching involving cross-contamination in food preparation, and practical tips for eating at home, restaurants and social gatherings.

Teaching includes;

- What is Celiac Disease — its prevalence, symptoms (or lack of them), diagnosis, and treatment
- Nutrition Complications in Celiac Disease
- Three Steps to Getting Started on a Gluten-Free Diet without feeling overwhelmed by the details.
- What does "Gluten-Free" actually mean?
- Gluten-Free Shopping
- Gluten Sources in Medications & Gluten-Free Medications
- Avoiding Cross-Contamination in Food Preparation — practical tips for eating at home, restaurants, and social gatherings
- Celiac-related Tax Deductions

All appointments in the package must be completed within 3 months of the first appointment.

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GST (5%) will be added.

III - THERAPEUTIC DIETS:

1. Therapeutic Ketogenic (2:1) Diet

A **2:1 Therapeutic Ketogenic Diet** may be used as adjunct therapy (along with medication) in depression, anxiety disorder, and in some types of bipolar disorder, or by itself for those not taking medication. If you are considering trying this type of approach and are currently taking any prescription medications, then the first step is to discuss this idea with your doctor. Receipts are broken down into four individual services and the bulk of it fits most extended benefits plans. The four services in this package are as follows;

\$800 / pkg
(tax exempt)

1. **Assessment visit** to determine which foods can be used to build your therapeutic ketogenic diet, review of personal and family medical history, review of recent lab results, and current medications and nutritional supplements. (\$150)
2. **Calculations of energy needs and specific amount of protein plus fat to carbohydrate required** (\$150)
3. **2:1 Therapeutic Meal Plan design** including;
 - a) Design of a three variations of a 2:1 ketogenic diet to provide variation in food intake (\$150) plus complex clinical add on (\$100), includes preparation of the Meal Plan Summary Sheet for a 2:1 therapeutic ketogenic diet
4. **Nutrition Education Session** teaches the 3 variations of the Meal Plan (\$150), plus complex clinical add on (\$100) to teach about the different categories of foods, serving sizes, and the number of portions to eat at each meal, Electrolytes and Supplements, Ingredients and Food Preparation handout in a therapeutic ketogenic diets, Weighing Food and Tracking Urinary Ketones.

All appointments in the package must be completed within 3 months of the first appointment.

OPTIONAL ADD ON

Glucose & Ketone Tracking - An educational session to teach how to track both glucose and ketone levels, including different types of available monitors, how to use

\$150

2. Customized Nutrition Package

The **Customized Nutrition Package** is ONLY for services that are not already outlined on this Intake and Service Option Form, such as for design of a **3:1** therapeutic ketogenic diet for epilepsy, as adjunct treatment along with chemo and radiation for certain types of cancer, or adjunct treatment in some types of psychiatric disorders, including schizophrenia and treatment resistant bipolar disorder, and for dietary support for Mast Cell Activation Disorder (MCAD) and Ehlers-Danlos Syndrome (h-EDS) and POTS. **Please contact the office PRIOR TO completing the description of the customized services requested.**

To be completed ONLY by the Dietitian:

I agree to provide the services outlined in the Customized Nutrition Package description at the following cost:

\$ _____

Registered Dietitian's Printed Name:

Date signed (dd/mm/yyyy)

Client Acceptance (ONLY for Customized Nutrition Package): I accept the above quoted price and my name typed below is as legally binding as my physical signature.

Client's printed name

Date signed (dd/mm/yyyy):

TERMS of SERVICE

REGISTERED DIETITIAN REGISTRATION & PLACE OF BUSINESS

Joy Y. Erdile (Kiddie), MSc, RD is registered with the College of Health and Care Professionals of British Columbia, the College of Dietitians of Ontario, and the College of Dietitians of Alberta. The clinical office and place of business of BetterByDesign Nutrition Ltd. is in Coquitlam, British Columbia, Canada and telehealth services provided are deemed to have taken place in Coquitlam, BC.

SELECTION OF PACKAGES and PACKAGE EXPIRY

Complete blood test results will need to be received prior to the design of the Individual Meal Plan, however the package may be started pending their reception. Meal Plans will be scheduled for design once updated lab test results are received, if required and turnaround time until Meal Plan completion will be ~2 weeks. Packages must be completed within the specified time from this form is signed, after which they will be deemed to have expired.

PAYMENT METHODS, RECEIPTS, CANCELLATION OF SERVICES, TIMELINE FOR STARTING

Payment in Canadian dollars (CDN) shall be made at the time of booking services either by e-transfer or credit card on the SSL encrypted web page, however payments made via e-transfer avoids added credit card charges. Links for payment via credit card will be provided upon request. A Flexible Payment Option is available under the "Book an Appointment" tab on the web page (www.bbdnutrition.com) and a completed Flexible Payment Option Form needs to be submitted with this form if choosing to use that payment option.

Payments for packages that have already begun are non-refundable and non-transferable, however should the office receive written notice requesting cancellation of services 7 days or more prior to the first confirmed appointment, a refund will be provided via e-transfer within 7 business days. Refunds of payments made via e-transfer will be fully refunded however refunds of payments made via credit card will withhold the credit card charge, and will incur a \$25 administrative fee.

To ensure that clinical information collected for appointments is current, prepaid services must be started within 3 months of payment. After 3 months, the amount of prepaid services can be applied to the cost of new services, with payment of any difference in cost. After 6 months, no refund will be provided for unstarted, prepaid services.

APPOINTMENT CANCELLATION, RESCHEDULING and 'NO-SHOWS'

Cancellation or rescheduling of an appointment with less than 24 hours' written notice will result in a one-hour (\$150.00 + GST) charge being applied. Failure to keep an appointment ('no-shows') will be considered as a completed visit, however the circumstances of an emergency cancellations will be considered for exception.

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CLINICAL VISITS

In order to collect accurate information, appointments are one-on-one, however a friend or family member may attend the final Nutrition Education Session in routine service packages, by prior arrangement. Exceptions can be made where translation assistance is needed during an assessment visit.

CONFIDENTIALITY

All discussions with the Dietitian and all records related to nutritional services are confidential and will not be shared with any other person, health care provider or organization without prior knowledge and written consent of the client.

For confidentiality, laboratory test results should have confidential information redacted prior to emailing to us.

ROLE OF THE CLIENT'S PHYSICIAN

The client's physician is responsible for overseeing their healthcare, and it is the client's responsibility to inform their doctor that they are planning to consult with a Registered Dietitian. If their physician has specific dietary recommendations, the client will request that their physician write a referral to BetterByDesign Nutrition Ltd. / BBDNutrition with their instructions.

If the client does not have a general practice / family practice Physician, they will consult with a physician at walk-in clinic regarding their intention to see a Registered Dietitian and ask them if they have any specific recommendations.

If the client has been prescribed medications to control their blood sugar, cholesterol or blood pressure, they understand that it is their responsibility to ensure that they have a physician monitor their medication dosage(s) as they lose weight.

STATEMENT OF UNDERSTANDING:

- I hereby attest that I am seeking nutrition consultation session(s) on my own behalf in order to learn nutritional and lifestyle information that I may apply in everyday life.
- I understand and accept that the services provided by Joy Y. Erdile (Kiddie), MSc RD of BetterByDesign Nutrition Ltd./ BBDNutrition do not involve the diagnosis, treatment, mitigation or prevention of a disease or disorder or abnormal physical state or their symptoms, and that I am providing lab tests results for information purposes only.
- I understand and accept that I am fully responsible for my own health and that recommendations provided to me do not replace, supersede or substitute for the diagnoses and treatment recommendations of my physician(s).
- I understand and accept that it is my responsibility to consult with my physician [or in the absence of one, with a physician at a local walk-in clinic] with regards to implementing any recommendations provided to me prior Joy Y. Erdile (Kiddie) MSc, RD of BetterByDesign Nutrition Ltd. / BBDNutrition prior to changing my dietary intake, eating pattern and/or physical activity.
- I understand and accept that it is my responsibility to have clarified anything I do not understand on this form with Joy Y. Erdile (Kiddie) MSc, RD prior to signing the form.
- I understand and accept that Joy Y. Erdile (Kiddie) MSc, RD of BetterByDesign Nutrition Ltd. / BBDNutrition has the right to refuse treatment or terminate provision of services.
- I understand and accept that services are provided by via a secure telehealth software from the company's Coquitlam, British Columbia office.

DIABETES CARE

I understand and accept that Joy Y. Erdile (Kiddie) MSc, RD of BetterByDesign Nutrition Ltd. / BBD Nutrition is competent to provide nutrition education to clients living with diabetes (type 1 or type 2) but is not a Certified Diabetes Educator (CDE) and will not be providing any guidance with regard to managing or adjusting insulin dose, and that it is my responsibility to consult with other members of my healthcare team (physician (MD) or pharmacist) regarding any adjustment of insulin dosage that may be required while implementing any dietary recommendations provided to me by Joy Y. Erdile (Kiddie), MSc, RD of BetterByDesign Nutrition Ltd.

THERAPEUTIC KETOGENIC DIETS

I understand and accept that prior to beginning a therapeutic ketogenic diet for mental health that a completed Medical Supervision Form must be completed by my doctor indicating that they will be overseeing my health during a three-month trial period while I implement the diet including monitoring blood glucose and ketones, electrolytes if desired, as well as continuation of prescribed medication(s).

CONSENT FOR NUTRITION SERVICES

I understand and accept that there are both benefits and risks involved with any nutrition or physical activity recommendations and I have, or will consult with my physician before implementing any nutritional, exercise or lifestyle recommendations provided to me by the Dietitian.

I understand and accept that this consent expires six (6) months from the date indicated directly below.

I hereby give my consent for the above indicated services.

Client's First Name, Middle Initial, Last Name: (required)

(required) By checking off this box, I declare that I have completed all boxes on this form and marked "n/a" if they do not apply.

(required) By checking off this box, I declare that I have read this form, understand and agree with its contents.

(required) By checking off this box, I agree to all the terms above and understand that my typed name below is as legally binding as my physical signature.

Client's signature

(type full name): (required)

Date signed:

(required)